

Report to Legislative Committees of the General Court Regarding Services Provided to Juveniles by the State



January 2015

Background

The Department of Health and Human Services was directed by House Bill 1624 (Laws 2014, 215) to review the services provided by the state for juveniles and determine if the services, placements, and programs provided are consistent with current evidence-based practice, and cost effective when compared to other states and service alternatives. The review was to consider the cost of services on a per person basis compared to other states and service alternatives, and the effectiveness of those services in reducing juvenile delinquency and recidivism. The results of the review were to include a ranking of the services by age group, based on effectiveness, cost per person, and total cost.

In response to this directive, the Department reviewed the service array for the juvenile justice population. It also reviewed the utilization of those services by age group, and the use of evidence and research-based practices in providing those services. The Department reviewed the costs of those services by service type, by youth, and by age groups, and examined the available outcome data for juvenile justice services. The available data and literature regarding costs and outcomes of juvenile justice services in other states was also reviewed.

The following is a summary of the Department's findings.

Juvenile Justice Services in New Hampshire

State and federal law defines the responsibility of the Department to provide intervention and services to youth and families in certain circumstances. Those circumstances include: youth who are found to have committed delinquent acts (RSA 169-B); youth found to be Children in Need of Services (CHINS (RSA 169-D); and the operation and treatment of youth at the Sununu Youth Services Center (RSAs 621 and 621-A).

DELINQUENT CHILDREN

State law requires the Department to provide counseling, supervision, treatment, and rehabilitation to youth and their families under RSA 169-B. In accordance with the above statutory purpose, the role of the services provided to delinquents is to promote community safety and positive youth development via Juvenile Probation and Parole supervision, and purchased treatment and rehabilitative services. Juvenile Probation and Parole Officers work to assure offender accountability through restoration of individuals and communities harmed by misconduct and by treating youth as assets to be developed within families and communities.

CHINS

State law requires the Department to provide treatment, care, guidance, counseling, discipline, supervision, and rehabilitation services to youth and their families under RSA 169-D. Accordingly, the Department provides services for children and youth who are truant, habitually run away, fail to follow parent's commands repeatedly, or repeatedly commit offenses that would be criminal if they were adults. Additionally, the department provides services under the CHINS statute for children and youth determined to have a mental health and/or developmental diagnosis and dangerous behaviors such as assaultive, suicidal, fire setting, or sexualized behaviors. Services are provided either through a judicial proceeding or on a voluntary basis as defined by statute.

JOHN H. SUNUNU YOUTH SERVICES CENTER (SYSC)

State law RSA 621 and RSA 621-A establishes the Youth Development Center and the Youth Services Center, both housed at the John H. Sununu Youth Services Center (SYSC) in Manchester, New

Hampshire. The SYSC is a 144-bed secure rehabilitation and detention facility, located on a 156-acre campus that includes 12 buildings; six of which are designated historical sites.

The SYSC purpose within the broader juvenile justice service array is to promote and balance community safety and positive youth development through the utilization of evidence-based practices. The Center provides security, supervision, and appropriate treatment and educational programs to ensure that committed residents have enhanced skills to be successful in the community when they leave the Center, as well as providing safety and security for youth who are awaiting court disposition.

Juvenile Justice Service Array

Within the Department, the Division for Children, Youth and Families provides a broad array of services for youth and their families involved in the juvenile justice system. These services include preventative services, direct services provided by Division staff, purchased services provided in the community, residential treatment services, and services provided at the SYSC.

Preventative services are provided in collaboration with community partners, and include services targeted at reducing substance abuse, family violence prevention, post-adoption services, juvenile diversion services, and Comprehensive Family Support Services.

Division staff provides direct comprehensive case management and supervision services to youth, their families, and the courts for youth placed on probation or parole.

The Division purchases the following types of services that support youth and their families involved in CHINS (Child in Need of Services) and Delinquency cases on an as needed, individualized basis. The varying levels of intensity and types of support available allow community supervision and placement plans to be comprehensive, flexible, and targeted to meet the complex and often changing needs of youth and their families.

HOME AND COMMUNITY-BASED SERVICES

- **ACCOMPANIED TRANSPORTATION**

Transporting youth to and from appointments with the service provider being available to remain on-site with the child or youth during the appointments or for a set amount of time.

- **INDIVIDUAL SERVICE OPTION**

An array of intensive therapeutic and functional support services provided to children, youth, and their family in the family's home. The service is used to prevent placement or to facilitate reunification.

- **HOME BASED THERAPEUTIC SERVICE**

Intensive, short-term interventions provided in-home for youth, and families, to strengthen the family and prevent placement of youth, through family counseling and supports.

- **DRUG TESTING**

Diagnostic testing of youth to determine substance use/abuse.

- **SECURE TRANSPORTATION**

Transportation of youth who are adjudicated juvenile offenders, who are considered to be at risk of flight from custody, present significant behavior management issues, or exhibit harmful behaviors toward themselves or others, and who require physical restraint while being transported.

- **ADOLESCENT COMMUNITY THERAPEUTIC SERVICES**

Adolescent community therapies and supports, such as counseling support, family counseling, and health and safety screenings including drug/ alcohol testing.

- **DIAGNOSTIC EVALUATIONS**

Psychological testing and/or psychosocial assessment to determine the nature and cause of a youth and/or family's dysfunction including mental status, child development, family history, and recommendations for treatment.

- **TRANSPORTATION TO SUPPORT EDUCATION OR FAMILY VISITATION**

Transportation services provided to eligible children, youth, and families to facilitate visitation, maintain connections, and keep children in their home school districts.

- **INDEPENDENT LIVING SKILLS SERVICES (FOR CERTAIN YOUTH IN THIS POPULATION)**

The education of youth preparing to transition to adulthood in skills such as attaining a job, locating affordable, adequate housing, making use of community resources, and functioning positively with family, friends, educators, and co-workers, in order to promote self-sufficiency.

- **FAMILY SUPPORT SERVICES**

The purchase of goods or services necessary to support a family in achievement of their case plan goals for which no other funding mechanism or resource is available.

- **THERAPEUTIC DAY TREATMENT**

Intense therapeutic and functional supports for youth, and families in the family's home or in a program setting that includes: intense clinical supports, therapy, and rehabilitative services.

- **INDIVIDUAL COUNSELING**

Clinical evaluations and interventions that rely primarily on verbal communication to alleviate or cure the symptoms or related functional impairments experienced by a youth or his or her family.

- **SUBSTANCE ABUSE TREATMENT**

Individual or group counseling services that provide treatment to youth who are dependent or addicted to alcohol and/or drugs.

- **CHILD HEALTH SUPPORT**

In-home support services for youth and families through the provision of supportive counseling, health assessment, health education, behavioral health management, referral to resources, coordination of services, and other supports for the purpose of improving the health and well-being of youth, and other family members.

- **INTERPRETER SERVICES**

The use of an individual who explains or translates linguistic information to accomplish understanding on the part of a family member or youth.

- **PUBLIC TRANSPORTATION**

Transportation services provided through a travel agency to youth and families to and from support services.

- **GROUP COUNSELING**

A form of psychotherapy involving two or more clients and a therapist where the focus of the group is ameliorating conditions that impair life function.

- **FAMILY COUNSELING**

A form of psychotherapy involving family members and a therapist, where treatment is focused on ameliorating conditions that impair family functioning.

- **ATTORNEY AND GUARDIAN AD LITEM FEES**

Payment for attorney or guardian ad litem services when authorized by statute and ordered by a court.

- **MEDICAL/DENTAL SERVICES**

Preventive or remedial medical or dental care necessary to the health or well-being of youth.

RESIDENTIAL PLACEMENT SERVICES

- **INTENSIVE GROUP HOME PLACEMENT**

Residential care services provided to children, youth, and their families in a staff-secure facility through a multidisciplinary, self-contained, service delivery approach, including education available at the facility in an approved special education program.

- **SHELTER CARE**

Short-term residential staff-secure care for 60 days or less to youth in crisis who are awaiting further placement, evaluation, completion of a services plan, or court action.

- **DETENTION SERVICES AT THE SYSC**

Residential care services in an architecturally-secure facility for youth who are alleged to have committed delinquent offenses and are awaiting disposition of their cases by the courts.

- **INTERMEDIATE GROUP HOME PLACEMENT**

Residential care in a structured, therapeutic environment providing supervision, access to public school education, specialized social services, crisis intervention, behavior management, vocation, recreation, clinical, and family services.

- **SECURE TREATMENT AT THE SYSC**

Intensive residential treatment in an architecturally-secure facility for high risk behaviorally challenged youth, which includes intensive adolescent drug/alcohol interventions and mental health assessment and treatment.

- **RESIDENTIAL TREATMENT FACILITY PLACEMENT**

Residential care services provided specifically to meet substance abuse treatment and supervision needs of youth.

- **INDIVIDUAL SERVICE OPTION FOSTER CARE PLACEMENT**

Foster family care in which a variety of intensive therapeutic, social and community-based services are provided or coordinated to meet the individual needs of a youth and his or her family.

- **OUT-OF-HOME 1:1 AIDE**

The use of a paraprofessional or child care worker in a residential care or child care setting to help support the youth and work on behavior modification and crisis intervention with the youth in the residential care or child care program.

- **FOSTER CARE PLACEMENT**

Substitute parental care in a licensed foster home on a regular, 24 hour a day, residential basis. Foster care programs are licensed and supervised by a child-placing agency.

- **RESPIRE CARE**

Short-term, temporary relief of child care responsibilities for the parent or for the substitute care provider.

- **INDIVIDUALIZED PLACEMENT**

An out-of-home placement option provided specifically to meet the treatment and care needs of youth with developmental disabilities that allows for youth specific programming at the individual level.

- **ADOPTION SUBSIDY/YOUTH IN PLACEMENT**

Supports to families that have adopted children or youth through the Division and who are receiving residential treatment services.

Service Decision-Making – Evidence or Research Based Assessment Tools and Treatment Models

There are a number of tools and processes that Juvenile Probation and Parole Officers (JPPOs) utilize when making referrals for the services listed above. A number of these include research or evidence-based tools. Such tools include:

JUVENILE DETENTION ALTERNATIVES INITIATIVE (JDAI)

The JDAI is originally a project of the Annie E. Casey Foundation, which has demonstrated that jurisdictions can safely reduce reliance on secure confinement and generally strengthen their juvenile justice systems through a series of interrelated reform strategies. JDAI is now being replicated in almost 200 jurisdictions. The New Hampshire Juvenile Detention Alternative Initiative's Detention Assessment Screening Instrument is an objective risk assessment tool that is used whenever a youth is being considered for secure detention. The Instrument is based on years of research surrounding the determination of the risk a juvenile poses when charged with an offense. Furthermore, the Instrument formulated for New Hampshire was evaluated as to its validity, reliability, and efficacy by Neamon Consulting Inc. in 2011. The Instrument was found to be valid, reliable, and effective.

STRUCTURED ASSESSMENT OF VIOLENCE RISK IN YOUTH (SAVRY)

The SAVRY is a research-based risk assessment tool designed to help in the assessment and management of risk for violence and other serious antisocial behavior in youth. Juvenile Probation and Parole Officers utilize the SAVRY to determine appropriate supervision levels for youth on their caseloads, and to guide and reevaluate decisions regarding services that are provided to the family. Because the SAVRY assists in identifying both risk and protective factors for an individual youth, it allows for service selection to be customized to the areas that will have the maximum impact on reoffending behaviors for each youth within the context of their family and community.

SOLUTION BASED CASEWORK (SBC)

Solution Based Casework is a family centered model of assessment, case planning, and ongoing casework. The model targets specific everyday events in the life of a youth and family that have caused difficulty. Solution Based Casework combines problem focused relapse prevention approaches with solution-focused models, and has been demonstrated to have a positive correlation with improved safety, permanency and well-being outcomes. Juvenile Probation and Parole Officers utilize SBC in case planning and family meetings in order to build youth and family competence to manage challenges.

TRAUMA-INFORMED PRACTICE

It is widely recognized that a significant number of youth in the juvenile justice system have experienced trauma that impacts their offending behaviors. In response, the Division has partnered with the Dartmouth Trauma Interventions Research Center to develop and increase awareness and access to mental health treatments for youth experiencing symptoms related to Post Traumatic Stress Disorder (PTSD) and other mental health issues. Juvenile Probation and Parole Officers are being trained and have begun administering the Mental Health Screening Tool, which combines three separate research-based screening tools that identify trauma and PTSD symptoms as well overall mental health needs. JPPOs utilize the results to refer youth for more targeted and effective mental health treatment when needed. Additionally, this project is working to train community mental health providers to deliver evidence-based treatment services to appropriate youth, specifically Trauma-Focused Cognitive Behavioral Therapy and Child Parent Psychotherapy.

SUNUNU YOUTH SERVICES CENTER – ASSESSMENT AND TREATMENT MODELS

Additionally, for youth requiring secure treatment or detention, the SYSC also utilizes a number of assessment tools and treatment models that are grounded in research or evidence-based.

Assessment Tools:

- Beck Suicidal Ideation Assessment
- CRAFFT Screening Interview
- UCLA PTSD Reaction Index
- Substance Abuse Subtle Screening Inventory (SASSI)
- Child and Adolescent Needs and Strengths (CANS)
- Woodcock-Johnson III
- Attention Deficit Hyperactivity Disorder (ADHD) Rating Scale
- Depression Anxiety Stress Scales (DASS) 42
- Revised Children's Manifest Anxiety Scale (RCMAS)

Treatment Models

- Cognitive Behavioral Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Anger Management (Prepare Model)
- Aggression Replacement Therapy
- Psychopharmacology

RESTORATIVE PRACTICES

Restorative Practices describe various strategies designed to build and restore communities. In its most formal sense, Restorative Justice is a research-based victim-centered approach to addressing wrongdoing with a focus on repairing the harm that was caused by an offender. Restorative Practices also include the use of informal and formal processes that precede wrongdoing. These processes proactively build relationships and a sense of community to prevent conflict in the first place. Restorative Practices tools are being utilized at the SYSC to build a culture of respect, communication and community relationships to prevent offending behaviors, and in some instances to address negative behaviors when they occur. Staff has been trained in the model developed by the International Institute for Restorative Practices (IIRP), which has linked restorative practices to an increased sense of community and a decrease in aggressive behavior among youth.

In fact, a review of the facility conducted by the National Center for Youth in Custody in 2013 found that "SYSC offers a comprehensive and effective array of treatment programs," in describing the array of services available there. Additionally, the Council for Juvenile Corrections Administrators is presently conducting a review of both SYSC and juvenile justice field practices, which will further evaluate current practices, policies and resources in regards to the ability to provide appropriate assessment, case planning and services to this population. The evaluation will further indicate whether these practices in New

Hampshire are aligned with national trends and best practices for this population. This report will be completed by January 31, 2015.

Purchased or Preventative Services – Evidence-Based Treatment Models

In addition to the above assessment and treatment services delivered directly by Division staff, youth and families involved in the juvenile justice system also receive research or evidence-based services from paid providers. For example, various residential placement and in-home and community-based service providers use the following models, among others:

- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Child Parent Psychotherapy
- Applied Behavioral Analysis
- Trauma Informative Cognitive Behavioral Therapy
- Motivational Interviewing
- Collaborative Problem Solving
- Functional Family Therapy
- Multi-Systemic Therapy
- Solution Focused Therapy
- Positive Behavioral Intervention & Supports (PBIS)

Lastly, as part of the larger juvenile justice network, the Division supports prevention services through a variety of mechanisms. One such example is through local Family Resource Centers. These Centers each must employ an evidence-based model for home visiting services, and Centers around the state use Nurse Family Partnership, Developing Capable Young People or Parents as Teachers for their service delivery.

The Division is also engaged with community partners in additional prevention work through the development of a program called FAST Forward, which serves children and youth with high need behavioral health issues in the community. FAST Forward utilizes a System of Care and Wraparound approach, both of which are evidence-based practices for this population.

Costs and Utilization of Services by Age Groups

The following tables describe service utilization and service costs for youth in CHINS or Delinquency cases or their families, by age group, during State Fiscal Year 2014 (7/1/13-6/30/14). It should be noted that many of the service costs below are paid with both state and federal dollars; for example Home Based Therapeutic Services is paid through a combination of Medicaid and general fund dollars. Additionally, youth may receive more than one service during the year; for example a youth may have been in an Intensive Group Home placement at the start of the year, and then transitioned home with Home Based Therapeutic Services provided to support him in his family and community.

UTILIZATION AND COSTS OF SERVICES BY AGE GROUPS TABLE – HOME AND COMMUNITY-BASED SERVICES

Service Type	Less than age 10	Less than age 10	Average Cost per Client	Age 10-12	Age 10-12	Average Cost per Client	Age 13-15	Age 13-15	Average Cost per Client	Age 16-18	Age 16-18	Average Cost per Client	Total Usage	Total Cost
Accompanied Transportation	0	\$0.00	\$0.00	10	\$1,984.00	\$198.40	92	\$32,837.10	\$356.93	127	\$51,443.90	\$405.07	229	\$86,265.00
Individual Service Option	0	\$0.00	\$0.00	12	\$104,364.10	\$8,697.01	80	\$623,108.05	\$7,788.85	117	\$944,801.18	\$8,075.22	209	\$1,672,273.33
Home Based Therapeutic Service	2	\$10,230.22	\$5,115.11	4	\$14,951.86	\$3,737.97	56	\$272,467.90	\$4,865.50	96	\$335,565.70	\$3,495.48	158	\$633,215.68
Drug Testing	0	\$0.00	\$0.00	0	\$0.00	\$0.00	28	\$4,208.00	\$150.29	114	\$21,966.00	\$192.68	142	\$26,174.00
Secure Transportation	0	\$0.00	\$0.00	1	\$142.56	\$142.56	41	\$21,749.31	\$530.47	65	\$23,468.94	\$361.06	107	\$45,360.81
Adolescent Community Therapeutic Services	0	\$0.00	\$0.00	0	\$0.00	\$0.00	26	\$54,512.76	\$2,096.64	42	\$104,711.86	\$2,493.14	68	\$159,224.62
Diagnostic Evaluations	0	\$0.00	\$0.00	13	\$10,697.44	\$822.88	33	\$28,446.67	\$862.02	21	\$18,670.50	\$889.07	67	\$57,814.61
Transportation to Support Education or Family Visitation	0	\$0.00	\$0.00	7	\$14,572.30	\$2,081.76	17	\$13,411.10	\$788.89	37	\$55,879.70	\$1,510.26	61	\$83,863.10
Independent Living Skills & Aftercare Services	0	\$0.00	\$0.00	0	\$0.00	\$0.00	6	\$750.00	\$125.00	31	\$8,333.16	\$268.81	37	\$9,083.16
Family Support Services/Miscellaneous	0	\$0.00	\$0.00	3	\$511.07	\$170.36	8	\$3,420.30	\$427.54	19	\$18,384.00	\$967.58	30	\$22,315.37
Therapeutic Day Treatment	0	\$0.00	\$0.00	0	\$0.00	\$0.00	5	\$38,403.00	\$7,680.60	15	\$60,684.18	\$4,045.61	20	\$99,087.18
Individual Counseling	0	\$0.00	\$0.00	1	\$350.80	\$350.80	0	\$0.00	\$0.00	8	\$2,161.66	\$270.21	9	\$2,512.46
Substance Abuse Treatment Services – Individual & Group	0	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$640.80	\$640.80	3	\$1,665.92	\$555.31	4	\$2,306.72
Child Health Support	0	\$0.00	\$0.00	1	\$244.50	\$244.50	0	\$0.00	\$0.00	2	\$1,300.74	\$650.37	3	\$1,545.24
Interpreter Services	0	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$80.00	\$80.00	2	\$1,320.00	\$660.00	3	\$1,400.00
Public Transportation	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$1,490.76	\$1,490.76	1	\$1,490.76
Totals:	2	\$10,230.22		52	\$147,818.63		394	\$1,094,034.99		700	\$1,651,848.20		1148	\$2,903,932.04

UTILIZATION AND COSTS OF SERVICES BY AGE GROUPS TABLE – RESIDENTIAL PLACEMENT SERVICES

Service Type	Less than age 10	Less than age 10	Average Cost per Client	Age 10-12	Age 10-12	Average Cost per Client	Age 13-15	Age 13-15	Average Cost per Client	Age 16-18	Age 16-18	Average Cost per Client	Total Usage	Total Cost
Intensive Group Home Placement	2	\$13,764.73	\$6,882.37	24	\$1,392,662.09	\$58,027.59	109	\$4,139,657.82	\$37,978.51	176	\$5,197,926.11	\$29,533.67	311	\$10,744,010.75
Shelter Care	0	\$0.00	\$0.00	3	\$7,624.72	\$2,541.57	68	\$405,957.22	\$5,969.96	130	\$714,727.15	\$5,497.90	201	\$1,128,309.09
Detention Services at the SYSC 1	0	\$0.00	\$0.00	1	\$7,925.00	\$7,925.00	63	\$504,030.00	\$8,000.48	103	\$695,815.00	\$6,755.49	167	\$1,207,770.00
Intermediate Group Home Placement	0	\$0.00	\$0.00	4	\$16,434.84	\$4,108.71	49	\$871,154.83	\$17,778.67	94	\$1,236,931.67	\$13,158.85	147	\$2,124,521.34
Secure Treatment at the SYSC 2	0	\$0.00	\$0.00	0	\$0.00	\$0.00	19	\$1,254,176.00	\$66,009.26	90	\$5,590,642.40	\$62,118.25	109	\$6,844,818.40
Residential Treatment Facility	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	20	\$312,678.53	\$15,633.93	20	\$312,678.53
Individual Service Option Foster Care Placement	0	\$0.00	\$0.00	0	\$0.00	\$0.00	6	\$181,039.69	\$30,173.28	9	\$119,540.39	\$13,282.27	15	\$300,580.08
Out-of-Home 1:1 Aide	1	\$12,628.00	\$12,628.00	1	\$1,066.00	\$1,066.00	3	\$60,050.60	\$20,016.87	3	\$20,120.60	\$6,706.87	8	\$93,865.20
Foster Care Placement	0	\$0.00	\$0.00	0	\$0.00	\$0.00	3	\$12,040.48	\$4,013.49	4	\$12,448.50	\$3,112.13	7	\$24,488.98
Respite Care	0	\$0.00	\$0.00	1	\$54.40	\$54.40	2	\$948.00	\$474.00	1	\$299.20	\$299.20	4	\$1,301.60
Individualized Placement	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$12,302.86	\$12,302.86	1	\$12,302.86
Adoption Subsidy/Child in Placement	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	1	\$663.00	\$663.00	1	\$663.00
Totals:	3	\$26,392.73		34	\$1,425,767.05		322	\$7,429,054.64		632	\$13,914,095.41		991	\$22,795,309.83

*Date Source: NH Bridges

Data based upon claims payments made in SFY 14 for youth in delinquency or CHINS case types. Some therapeutic services are paid directly through Medicaid or private insurance, and are not reflected here.

¹ Figures based upon a per diem rate that is not inclusive of all operations and campus maintenance costs.² Figures based upon a per diem rate that is not inclusive of all operations and campus maintenance costs.

UTILIZATION AND COMPARATIVE COST OF COMMUNITY-BASED SERVICES

One of the primary challenges that juvenile justice agencies face nationally is ensuring that their service array affords the opportunity for youth adjudicated CHINS or delinquent to remain in their homes and communities, while ensuring appropriate rehabilitative services for them and safety for the community. This is critical to successful outcomes in juvenile justice, as research and practice guidance in the field has concluded for many years that home and community-based programs are more appropriate and effective in addressing these challenges for most youth, and are less likely to have long term detrimental effects. Not surprisingly, home and community-based programs are also significantly less costly than residential placement programs. Given these factors, the preceding tables were analyzed to assess New Hampshire's available service array for juvenile justice and the extent to which home and community-based services are utilized to meet the needs of youth and families.

Home and Community-Based Services accounted for 1148, or 53.7%, of the services used in SYF 2014, while residential placement services accounted for 991, also 46.3% of these services. This would indicate that during SFY 2014, home and community-based services were utilized to address CHINS and delinquent behavior more frequently than residential placement services. As is typical nationally, the cost for home and community-based programs in SFY 2014 (\$2,903,932) was substantially less than the cost of residential placement services used (\$22,795,309). While it is clear in the literature that some youth will continue to require residential treatment, including secure treatment, based upon their needs and risk to the community, this is an area where the Division will continue to direct efforts to ensure that community-based services are utilized whenever safe and appropriate. In fact, it is noteworthy that the number of youth in placement in juvenile justice services has continued to decline steadily since 2006, with 499 youth in care at the end of SFY 2007, as compared to 381 in care at the end of SFY 2014.³

Outcomes of Services

The Division for Children, Youth and Families has over the past few years substantially increased its capacity to accurately capture, analyze, and report data in the juvenile justice area. That work has resulted in increased ability to access data regarding key performance measures, which are described below. Additional efforts to look at recidivism in particular within juvenile justice are ongoing, and preliminary data on this measure has been included in this report. As with any data development process, preliminary data must be fully tested and data definitions often refined before the data should be relied upon to drive program improvements.

KEY PERFORMANCE MEASURES

A primary goal of any juvenile justice system is to treat youth in their homes and communities whenever possible and safe. In fact, the purpose statements in both 169-B and D each reference that the goals of those chapters are to be carried out while keeping a minor in contact with their home community and in a family environment by preserving the unity of the family whenever possible, and only separating youth from their families when necessary for the minor's welfare or interests of public safety.

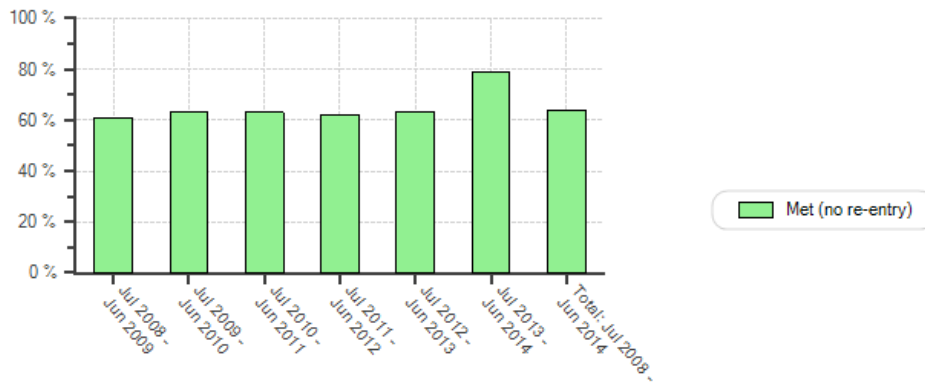
As a result of these goals, the Department monitors the frequency at which youth need to re-enter a placement setting once discharged as well as the length of time youth spend in placements. For these measures, placement includes any out-of-home placement setting such as group care, residential treatment centers, or foster or relative care, and in some instances SYSC.

³ The total number of youth entering the system has also declined since 2009, a finding that may be the result of an overall decrease in juvenile crime, improved prevention programs, decreased recidivism resulting from more effective services, or some combination of the these.. These data will require further study to determine their implications for continued practice improvement.

RE-ENTRY INTO PLACEMENT

Figure 1 shows the percentage of youth discharged from placement in a twelve month period (between July 1, 2008 and June 30, 2014) that did not re-enter care during a twelve month observation period following discharge. The data indicates that over the past six years over 60% of youth have not re-entered placement within twelve months. For SFY 14 78.6% of youth did not re-enter placement within a twelve month period.

FIGURE 1: NO RE-ENTRY FOR 12 MONTHS (OF THOSE DISCHARGED 12 MONTHS AGO)

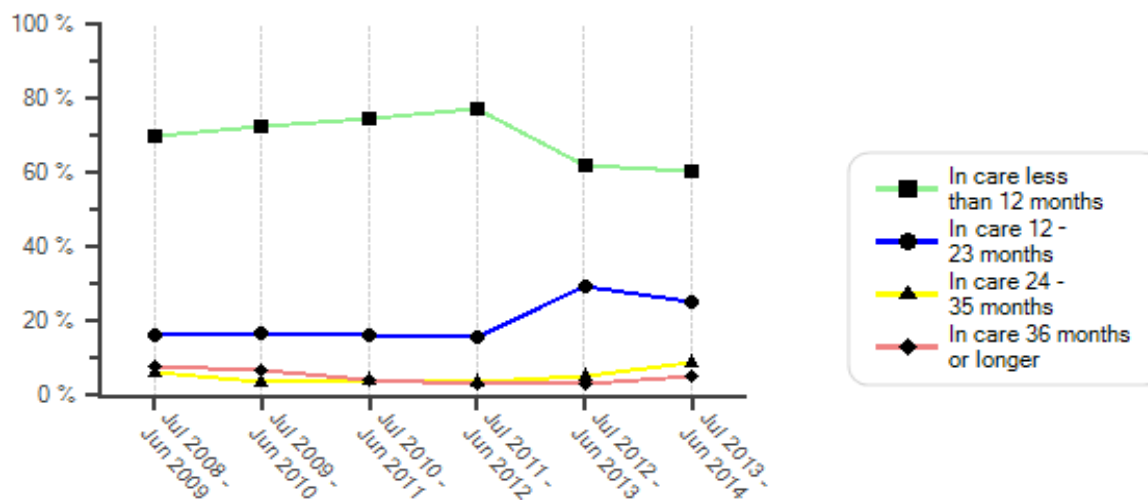


Data Source: Results Oriented Management (ROM)

LENGTH OF STAY IN PLACEMENT

Figure 2 shows the number of youth in care on the last day of each state fiscal year between July 1, 2008 and June 30, 2014, by the length of time they had been in out-of-home placement as of that day. The data indicates that the majority of youth (69.9%-77.6%) leave placement within twelve months.⁴

FIGURE 2: LENGTH OF STAY (OF THOSE IN CARE)



Data Source: Results Oriented Management (ROM)

RECIDIVISM

Recidivism, or the re-arrest or re-incarceration of youth following contact with a juvenile justice system, is another key performance measure for any juvenile justice agency. For the purposes of this measure, recidivism is defined as the entry of a subsequent true finding on an unrelated petition (Delinquency or CHINS), which occurs at a separate proceeding at a later point in time (regardless of length of time between). Preliminary findings for this data are contained in the table below.

The data below includes all youth entering juvenile justice services from 2002 through 2014 who had at least one petition found true. Of this total 12,225 youth, 11,014 had reached their seventeenth birthday and therefore “aged out” of the juvenile justice system as of July 2014. Of these 11,014 youth who have aged out and had at least one initial petition found true, 3,528 or 32% had at least one subsequent finding before they reached seventeen years-old.⁵

Figure 3 and Table 3 show recidivism rate by entry cohort (all youth who entered the juvenile justice system due to a true finding on a petition filed in each year). The data indicate that the rate of youth who

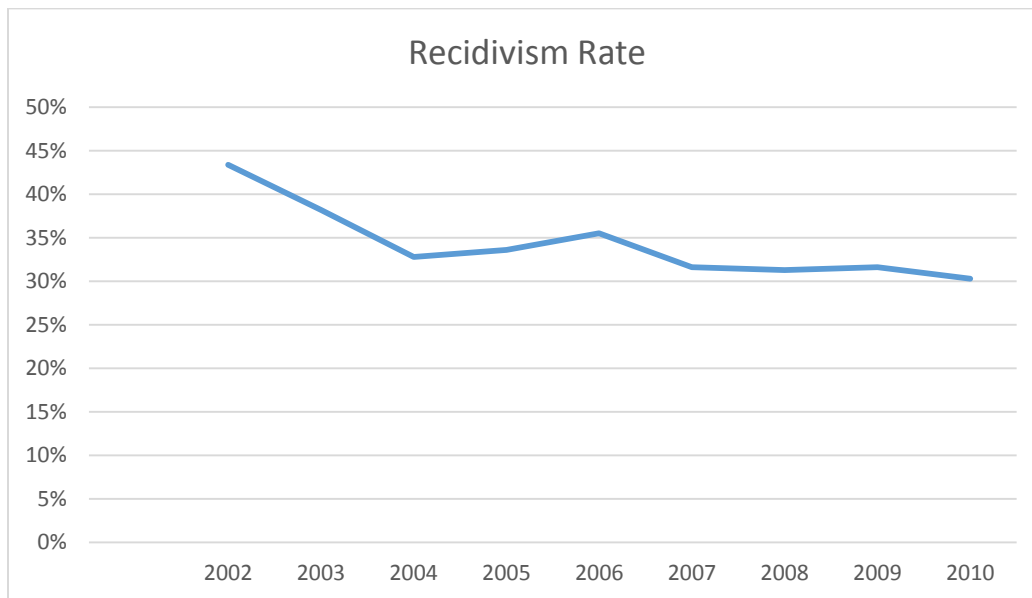
⁴ In the past two years, there has been a decrease in the percentage of youth who leave care within twelve months and an increase in youth leaving care within twelve to twenty-four months. One factor that may be influencing this shift is the overall decrease of youth in placement during this time period, possibly resulting in the placement population being narrowed to only youth with the most significant challenges therefore requiring longer stays. Additionally, the modification of RSA 169-D in 2011 to narrow the population of youth served through CHINS may have also impacted this same dynamic.

⁵ The age of majority for juvenile delinquency proceedings is currently seventeen years-old, although it will be increasing to eighteen years-old effective July 1, 2015. Although CHINS proceedings serve youth up to eighteen years-old, seventeen has been used as the age of majority for purposes of this measure because the number of youth served through delinquency proceedings is substantially greater than the number of youth served through CHINS proceedings.

had at least one additional true finding after entering juvenile justice services in New Hampshire during those years appears to be trending downward. For example, 43.4% of youth entering juvenile justice services in 2002 had at least one additional true finding, while only 30.3% of youth entering services by 2010 had an additional true finding (approximately seven percent of youth who entered services in 2010 have not yet reached seventeen years-old, and therefore may still recidivate).

Figure 3 does not consider data from entry cohorts beyond 2010, as a large portion of youth among those more recent entry cohorts have not yet aged out. Entry cohorts from 2002 through 2010 are the cohorts for which recidivism data are most valid, as more than 90% of youth from those cohorts have reached seventeen. The far right column in Table 3 shows the percentage of youth from each entry cohort that had reached seventeen as of July 2014.

FIGURE 3: RECIDIVISM RATE



Data Source: NH Bridges

TABLE 3: RECIDIVISM RATE

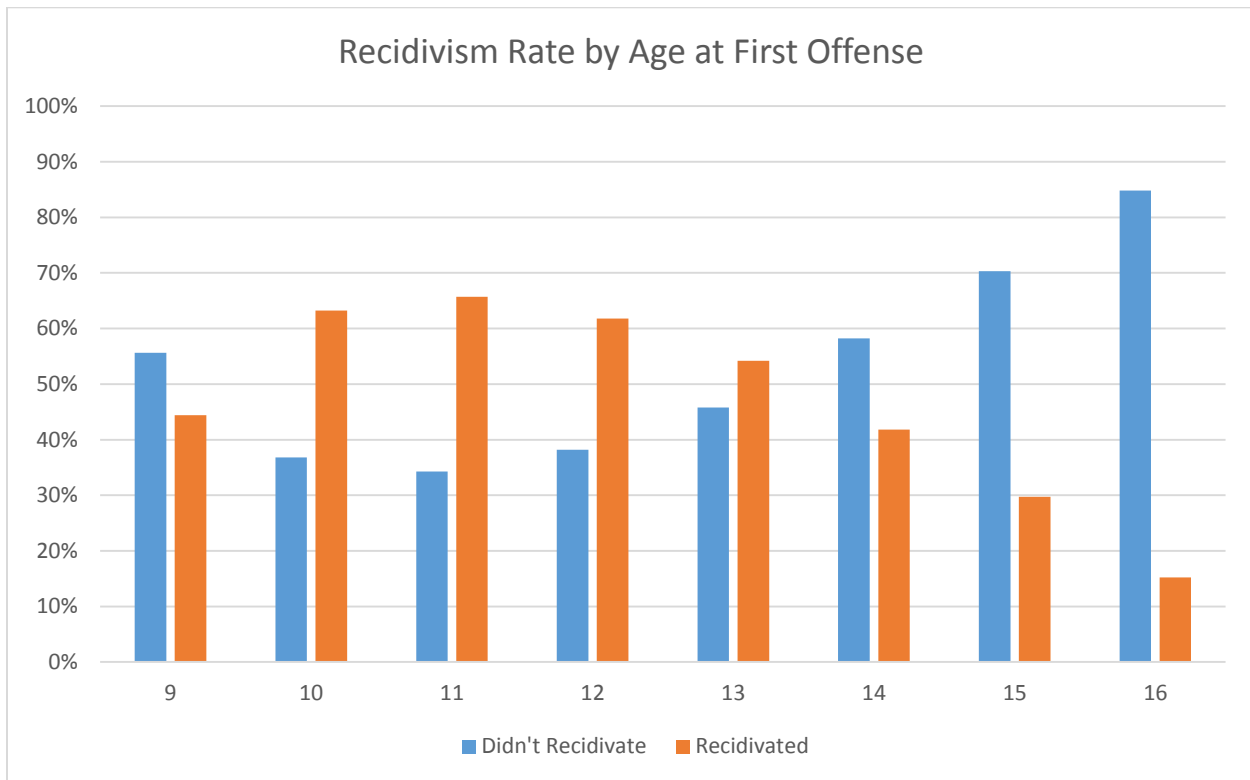
Entry Cohort Year	Recidivism		Total	% aged out as of 07/25/14
	No	Yes		
2002 Count	393	301	694	694
% within EntryCohort	56.6%	43.4%	100.0%	100.0%
2003 Count	593	367	960	960
% within EntryCohort	61.8%	38.2%	100.0%	100.0%
2004 Count	720	352	1072	1072
% within EntryCohort	67.2%	32.8%	100.0%	100.0%
2005 Count	718	364	1082	1082
% within EntryCohort	66.4%	33.6%	100.0%	100.0%
2006 Count	769	423	1192	1192
% within EntryCohort	64.5%	35.5%	100.0%	100.0%
2007 Count	842	389	1231	1231
% within EntryCohort	68.4%	31.6%	100.0%	99.9%
2008 Count	763	347	1110	1110
% within EntryCohort	68.7%	31.3%	100.0%	99.6%
2009 Count	801	370	1171	1171
% within EntryCohort	68.4%	31.6%	100.0%	97.6%
2010 Count	742	323	1065	1065
% within EntryCohort	69.7%	30.3%	100.0%	92.9%
2011 Count	525	175	700	700
% within EntryCohort	75.0%	25.0%	100.0%	81.4%
2012 Count	365	88	453	453
% within EntryCohort	80.6%	19.4%	100.0%	61.9%
2013 Count	209	27	236	236
% within EntryCohort	88.6%	11.4%	100.0%	34.5%
2014 Count	45	2	47	47
% within EntryCohort	95.7%	4.3%	100.0%	18.4%
Total Count	7486	3528	11014	11014
% within EntryCohort	68.0%	32.0%	100.0%	90.1%

Data Source: NH Bridges

Figure 4 and Table 4 show a relationship between age at first petition and recidivism. This data shows that youth who had their first true petition (Delinquency or CHINS) filed between the ages of ten and thirteen had a higher recidivism rate than other age groups. For example, 65.7% of all youth who had their first true petition filed at age eleven recidivated, in comparison to 41.8% for fourteen year olds. It should be noted that fifteen and sixteen year olds have less time to recidivate than youth entering at younger ages, so the data regarding those age cohorts should be interpreted more cautiously.

The far right column in Table 4 shows the proportion of recidivists that are represented by each age group. Although it appears that youth who have their first true petition filed between ten and thirteen recidivate at a higher rate than older youth, those younger youth make up a smaller percentage of overall recidivists (32.7%) in comparison to youth between fourteen and sixteen (66.9%).

FIGURE 4: RECIDIVISM RATE BY AGE AT FIRST OFFENSE



**Seventeen year olds are excluded from the Figure 4 as they would not recidivate into the juvenile justice system given their age at first true petition.*

Data Source: NH Bridges

TABLE 4: RECIDIVISM RATE BY AGE AT FIRST OFFENSE

Entry Cohort Year	Recidivism		Total	%this population represents among recidivists
	No	Yes		
8 Count	1	0	1	
% within AgeAtFirstOffense	100.0%	0.0%	100.0%	0.0%
9 Count	5	4	9	
% within AgeAtFirstOffense	55.6%	44.4%	100.0%	0.1%
10 Count	14	24	38	
% within AgeAtFirstOffense	36.8%	63.2%	100.0%	0.7%
11 Count	49	94	143	
% within AgeAtFirstOffense	34.3%	65.7%	100.0%	2.7%
12 Count	206	333	539	
% within AgeAtFirstOffense	38.2%	61.8%	100.0%	9.4%
13 Count	593	701	1294	
% within AgeAtFirstOffense	45.8%	54.2%	100.0%	19.9%
14 Count	1352	970	2322	
% within AgeAtFirstOffense	58.2%	41.8%	100.0%	27.5%
15 Count	2159	912	3071	
% within AgeAtFirstOffense	70.3%	29.7%	100.0%	25.9%
16 Count	2660	478	3138	
% within AgeAtFirstOffense	84.8%	15.2%	100.0%	13.5%
17 Count	446	12	458	
% within AgeAtFirstOffense	97.4%	2.6%	100.0%	0.3%
18 Count	1	0	1	
% within AgeAtFirstOffense	100.0%	0.0%	100.0%	0.0%
Total Count	7486	3528	11014	
% within AgeAtFirstOffense	68.0%	32.0%	100.0%	100.0%

Data Source: NH Bridges

Overall preliminary data indicators are positive, in that the trend in recidivism appears to be declining over the past eight to ten years. If this trend continues, and as additional data becomes available from more recent years, declining rates of recidivism would tend to suggest that juvenile justice services are having a desired effect. Additionally, the recidivism data by age is consistent with the research, in that youth who commit their first offense at a younger age recidivate at a higher rate than youth who commit their first offense at an older age.

PURCHASED SERVICES OUTCOMES

The Department also gathers information regarding the quality and outcomes of purchased services provided by community partners through several mechanisms.

Regular on-site reviews are conducted with both residential and community-based certified providers to assess compliance with administrative rules and quality of services.

Community-Based Services

In the community-based reviews, a random sample of case files from a provider agency are reviewed to assess the quality of the assessment and treatment planning processes, efforts to engage the family and meet their needs, and documentation of services and outcomes. Additionally, reviewers are asked to assess whether all or some of the treatment objectives have been successfully addressed and whether significant progress in the family has been documented, or if not, if the provider's work with the family presented the best possible opportunity for success. The review instrument includes very specific instructions and definitions for each item to enhance inter-rater reliability. Data from that assessment in community-based provider reviews occurring between September 2012 and October 2014 is below. These reviews occurred at six separate provider sites, and included cases receiving Child Health Support, Home Based Therapeutic Services, Individual Service Option, and Adolescent Community Therapeutic Services.

	All Successfully Addressed	Some Success Evident	No Success Evident
Have the reasons (<i>desired outcomes</i>) for the service referral been successfully addressed?	14	26	12
	Fully Seen in Evidence	Partly Seen in Evidence	Not in Evidence
If all the treatment outcomes were not successfully addressed, is there documentation to support: a) that service strategies were changed to affect positive progress?	17	28	7

The above data indicates that a substantial majority of cases reviewed had all or some desired outcomes successfully met during service provision, and an even greater majority had full or partial evidence of quality work by the agency. These results, in conjunction with the many other items assessed in the community-based reviews, are used in work with provider agencies to improve their service delivery.

Residential Placement Services

In bi-annual residential program site reviews, a broad array of data is gathered and analyzed to assess program compliance and quality, including a data review, youth and parent surveys, Division staff surveys, youth interviews, staff interviews, clinical interviews, file reviews, tours and an overall review of programming. The Program is presented with strengths & changes, interview results, recommendations, and areas of correction required. A technical assistance site visit is conducted at least once during the non-review year in order to further evaluate programming, changes, review files jointly with program staff and support the program in completion and compliance with their recommendations and corrective action items.

Additionally, the Division collects data monthly from many providers describing the clients they are serving and some performance indicators. Available data for some of the most utilized services in juvenile justice from SFY 2014 are below.

Home Based Therapeutic Services

Home Based Therapeutic Service providers report the numbers of cases in which certain performance indicators have occurred. That data is then aggregated to produce the table below.

QTR	PI#1 %	PI#2 %	PI#3 %	PI#5 %
1st	99%	97%	99%	62%
2nd	99%	98%	98%	63%
3rd	98%	98%	99%	58%
4th	100%	99%	99%	68%
Total	99%	98%	99%	63%

Performance Indicators

PI#1 Percentage of Cases Without New Incidents Abuse/Neglect (Founded During Service Period)

PI#2 Percentage of Cases In Which No Child Was Placed Outside Home (During Service Period)

PI#3 Percentage of Cases Without A New Juvenile Offense(s) (During Service Period)

PI#5 Percentage of Cases in Which the Family Signed the Treatment Plan

Data Source: NH Bridges. Data includes both juvenile justice and child protection service referrals.

Individualized Service Option (ISO) (In-Home)

Individualized Service Option providers report progress on treatment objectives under five domains in youth's treatment plans, and on whether a juvenile has committed a new offense during the service provision period. That data is then aggregated, to produce the table below for SFY 14.

Treatment Plan Progress Percentages for each Quarter						
SFY 2014	PI #2a TOTAL* (%)	PI #2a Safety (%)	PI #2a Family (%)	PI #2a Medical (%)	PI #2a Education (%)	PI #2a Independent Living (%)
1st Quarter (July-September)	59.0%	70.1%	69.6%	77.1%	72.1%	68.6%
2nd Quarter (October-December)	95.8%	76.8%	81.7%	87.7%	72.1%	79.2%
3rd Quarter (January-March)	81.6%	75.0%	55.2%	75.9%	72.3%	68.4%
4th Quarter (April-June)	66.7%	72.4%	69.8%	71.9%	72.4%	63.8%

*Total percentage of youth who made progress in all five domain areas during the quarter.

SFY 2014	New Juvenile Offense
1st Quarter (July-September)	0
2nd Quarter (October-December)	0
3rd Quarter (January-March)	3
4th Quarter (April-June)	3
Totals:	6
Performance measurements (%)	98.0%

Data Source: NH Bridges. Data includes both juvenile justice and child protection service referrals. Data is not reported by all ISO In-Home providers.

Individualized Service Option (ISO) (Foster Care)

Similarly, Individualized Service Option foster care providers report progress on treatment objectives under five domains in youth's treatment plans, and on whether a juvenile has committed a new offense during the service provision period. That data is then aggregated, to produce the table below for SFY 14.

Treatment Plan Progress Percentages for each Quarter						
SFY 2014	PI #2a TOTAL* (%)	PI #2a Safety (%)	PI #2a Family (%)	PI #2a Medical (%)	PI #2a Education (%)	PI #2a Independent Living (%)
1st Quarter (July-September)	73.8%	66.9%	65.3%	74.3%	68.8%	64.3%
2nd Quarter (October-December)	75.6%	71.9%	69.1%	83.8%	66.7%	68.5%
3rd Quarter (January-March)	48.8%	77.4%	72.3%	74.7%	81.4%	75.0%
4th Quarter (April-June)	38.1%	63.6%	65.7%	68.1%	72.9%	65.6%

*Total percentage of youth who made progress in all five domain areas during the quarter.

SFY 2014	New Juvenile Offense
1st Quarter (July-September)	0
2nd Quarter (October-December)	2
3rd Quarter (January-March)	1
4th Quarter (April-June)	0
Totals:	3
Performance measurements (%)	98.7%

Data Source: NH Bridges. Data includes both juvenile justice and child protection service referrals. Data is not reported by all ISO Foster Care providers.

COMPREHENSIVE FAMILY SUPPORT SERVICES OUTCOME

Lastly, the Division partners with a number of community agencies to provide a variety of preventative services, including Comprehensive Family Supports Services. These services are available to families referred by the Division or other referral sources. This service has demonstrated substantial effectiveness in preventing future Division involvement in either child protection or juvenile justice services. In data collected regarding families entering these services in 2008 through 2013, over 90% continue to not require Division services.

The Department utilizes this data regarding service outcomes to work with providers in improving service quality where necessary and in individual certification decisions. Opportunities to share promising practices and strategies across programs also emerge from these reviews.

However, the information is not used in a comparative way across provider agencies for a variety of reasons. There are a significant number of variables that impact the outcomes of a program that make any such comparison invalid. One such variable is expertise in a needed treatment area, offered by one provider but not another. For example, one Intensive Residential Treatment program may work especially well with youth with developmental disabilities, where another may meet the needs of youth with substance abuse issues more effectively. Staffs are aware of a program's strengths and make referrals accordingly. Another variable that impacts the youth referred to a particular program is geography, in that the service array in all areas of the state is not evenly distributed. There is interplay between the identification of the appropriate level of service to meet a youth's needs and the compelling need to keep him or her either in their family setting or closely connected to it. These factors potentially result in service providers in some areas having a different population referred to them than the same type of service provider in another area. Lastly, wide variation in the sample size of available data makes comparison among providers invalid; some providers serve very small samples of youth and families in a given year, where others serve a much larger population.

Outcome and Cost Effectiveness Comparison with Other States

Although the Department was requested to compare the cost and efficacy of juvenile justice services in New Hampshire with those of other states, there are several factors that make such a comparison impractical.

The first challenge is that comparable data required from other states regarding juvenile justice costs and outcomes, specifically recidivism, is not available. There is broad consensus in the juvenile justice field that the lack of a consistent definition of recidivism across states prevents meaningful comparison of outcomes. A May 2014 report published by the Pew Charitable Trusts found that "Most juvenile correctional agencies do not use multiple definitions of recidivism that allow for meaningful comparisons. Many juvenile corrections agencies do not track detailed measures of recidivism over time or compare across groups of offenders. One-third of juvenile corrections agencies do not regularly report recidivism rates..."⁶

An autumn 2011 article in the Federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) Journal of Justice concurs that "Clear communication of program outcomes and system performance in juvenile justice is often hampered by the lack of standard definitions and inconsistent measurement, especially in relation to recidivism." However, recognizing the critical importance of this performance measurement, the article cites work done in 2009 by the Council of Juvenile Corrections Administrators to develop standards for defining and measuring recidivism. States have not yet been required to use these

⁶ "Measuring Juvenile Recidivism." Pew News. The Pew Charitable Trusts, May 21, 2014. Accessed December 16, 2014.

standards or report this data, however, resulting in the continuing lack of comparable data referenced in the Pew report above.

Secondly, there is insufficient information available about other states' juvenile justice expenditures on a per person basis, and that which is available is impractical to compare due to the variety (or broad range) of services available in different states.

While no state-to-state cost-benefit analyses are available, cost-benefit and cost effectiveness analyses have been conducted within some states' juvenile justice programs, and with positive impact on cost savings to those jurisdictions. However, those analyses have been multi-year research endeavors that require substantial funding resources. As indicated in the Department's fiscal note to HB 1624, such studies, while potentially worthwhile, would require a substantial research effort at significant cost.⁷ Such a study actually requires two separate studies to occur: program effectiveness research for each service type that is to be examined to determine its effectiveness in achieving desired outcomes, and then a subsequent study to define costs of those services compared to costs of the outcomes (such as recidivism). Both studies would require external evaluators given the complexity and resources required, as well as substantial investment of Department resources in collecting and preparing data to be used. The Department conservatively estimates that the cost for these combined external evaluations would be in the hundreds of thousands of dollars, depending on the numbers of service types to be examined.

Conclusion

This review has demonstrated that a comprehensive array of services is available to allow individualized treatment planning for youth at all levels of the juvenile justice system. Further, there is a substantial research and evidence-base to practices and treatments provided directly by the Division, as well as by purchased and preventative service providers. An examination of service utilization and costs indicates that the Department more frequently provides to youth in-home rather than in placement, and that the number of youth in costly residential placements has steadily declined. Further exploration of the data is needed, however, to determine if there are additional opportunities to treat more youth in their homes, while also reducing costs. Additionally, available data regarding both system and provider level outcomes and quality of services is positive overall, although much more data collection and evaluation is necessary to draw comprehensive conclusions. Lastly, the state to state comparisons of service costs and effectiveness contemplated in the bill are not possible given the lack of available and comparable data among states. Although a comprehensive cost-benefit analysis regarding services provided within New Hampshire is possible, it is impractical given the fiscal and human resources it would require. The Department, however, remains committed to moving forward with its data development plan, and is confident that the plan will inevitably lead to more robust and rigorous program evaluation, as well as more publically available data regarding services and outcomes.

⁷ The Department states the bill requires the department to submit a juvenile justice services report to the legislature by January 15, 2015. Due to the number of variables to be analyzed and compared, the Department expects production of the report will be a complex task and require the Department to contract with a research or evaluation team. The Department is not able to determine the cost to produce such a report, but by way of comparison, a recent smaller scale study of disproportionate minority contact conducted by the Center for Public Policy cost about \$100,000. In addition, the Department assumes significant personnel resources would be needed to support the work of the contractor. The Department states these cost would be incurred in FY 2015.